

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: MERKEL HOUSING AUTHORITY PHA Type: <input checked="" type="checkbox"/> X Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): 04/01/2010 PHA Code: TX158												
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 24 Number of HCV units: 20												
3.0	Submission Type X 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only												
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)												
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program <table border="1"> <tr> <th>PH</th> <th>HCV</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	PH	HCV						
PH	HCV												
	PHA 1:												
	PHA 2:												
	PHA 3:												
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.												
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: The PHA's mission is: The mission of the PHA is the same as that of the Department of Housing and Urban Development: To Promote adequate and affordable housing , economic opportunity and a suitable living environment free from discrimination.												
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. To provide decent, safe, and affordable housing. Reduce public Housing vacancies. To modernize public Housing units. To increase number of voucher units. Improve public housing management.												
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: na (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. 731Nth 1 st Merkel Texas 79536												
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable. na												
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.												
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. See attachment												
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. See attachment												
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.												
9.0	Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.												

SOCDS CHAS Data: Housing Problems Output for All Households

Name of Jurisdiction: Merkel town, Texas			Source of Data: CHAS Data Book			Data Current as of: 2000					
	Renters					Owners					
Household by Type, Income, & Housing Problem	Elderly (1 & 2 members)	Small Related (2 to 4 members)	Large Related (5 or more members)	All Other	Total Renters	Elderly (1 & 2 members)	Small Related (2 to 4 members)	Large Related (5 or more members)	All Other	Total Owners	Total Households
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)
1. Household Income <= 50% MFI	66	77	8	12	163	97	24	4	37	162	325
2. Household Income <=30% MFI	34	29	4	12	79	30	8	0	23	61	140
3. % with any housing problems	55.9	48.3	100.0	66.7	57.0	66.7	50.0	N/A	34.8	52.5	55.0
4. % Cost Burden >30%	55.9	48.3	100.0	66.7	57.0	66.7	50.0	N/A	34.8	52.5	55.0
5. % Cost Burden >50%	11.8	34.5	100.0	0.0	22.8	33.3	50.0	N/A	17.4	29.5	25.7
6. Household Income >30 to <=50% MFI	32	48	4	0	84	67	16	4	14	101	185
7. % with any housing problems	25.0	58.3	100.0	N/A	47.6	17.9	50.0	100.0	28.6	27.7	36.8
8. % Cost Burden >30%	25.0	58.3	100.0	N/A	47.6	17.9	50.0	0.0	28.6	23.8	34.6
9. % Cost Burden >50%	0.0	8.3	0.0	N/A	4.8	6.0	0.0	0.0	0.0	4.0	4.3
10. Household Income >50 to <=80% MFI	4	19	4	4	31	43	50	28	18	139	170
11.% with any housing problems	0.0	21.1	0.0	0.0	12.9	0.0	0.0	28.6	22.2	8.6	9.4
12.% Cost Burden >30%	0.0	21.1	0.0	0.0	12.9	0.0	0.0	0.0	22.2	2.9	4.7
13. % Cost Burden >50%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
14. Household Income >80% MFI	4	65	15	8	92	72	263	54	18	407	499
15.% with any housing problems	0.0	0.0	0.0	50.0	4.3	11.1	8.7	25.9	22.2	12.0	10.6
16.% Cost Burden >30%	0.0	0.0	0.0	50.0	4.3	11.1	7.2	0.0	22.2	7.6	7.0
17. % Cost Burden >50%	0.0	0.0	0.0	0.0	0.0	5.6	1.5	0.0	0.0	2.0	1.6
18. Total Households	74	161	27	24	286	212	337	86	73	708	994
19. % with any housing problems	36.5	28.6	29.6	50.0	32.5	18.9	10.4	30.2	27.4	17.1	21.5
20. % Cost Burden >30	36.5	28.6	29.6	50.0	32.5	18.9	9.2	0.0	27.4	12.9	18.5
21. % Cost Burden >50	5.4	8.7	14.8	0.0	7.7	8.5	2.4	0.0	5.5	4.2	5.2

Housing Needs of Families on the Waiting List

Waiting list type: (select one)

- ☐ Section 8 tenant-based assistance
- ☒ Public Housing
- Combined Section 8 and Public Housing
- ☐ Public Housing Site-Based or sub-jurisdictional waiting list (optional)
- If used, identify which development/subjurisdiction:

	# of families	% of total families	Annual Turnover
Waiting list total	11		
Extremely low income <=30% AMI	11	100	14
Very low income (>30% but <=50% AMI)			
Low income (>50% but <80% AMI)			
Families with children	7	64	
Elderly families	0	0	
Families with Disabilities	1	11	
Race/ethnicity	w-10	91	
Race/ethnicity	w-h-1	.09	
Race/ethnicity			
Race/ethnicity			

Characteristics by Bedroom Size (Public Housing Only)

1BR	4		
2 BR	4		
3 BR	3		
4 BR			
5 BR			
5+ BR			

Is the waiting list closed (select one)? x No ☐ Yes

If yes:

HOW LONG HAS IT BEEN CLOSED (# OF MONTHS)?

Does the PHA expect to reopen the list in the PHA Plan year? ☐ No ☐ Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed? ☐ No ☐ Yes

Housing Needs of Families on the Waiting List

Waiting list type: (select one)

☒ Section 8 tenant-based assistance

☐ Public Housing

☐ Combined Section 8 and Public Housing

☐ Public Housing Site-Based or sub-jurisdictional waiting list (optional)

If used, identify which development/subjurisdiction:

	# of families	% of total families	Annual Turnover
Waiting list total	2		3
Extremely low income <=30% AMI	2		
Very low income (>30% but <=50% AMI)	0	0	
Low income (>50% but <80% AMI)	0	0	
Families with children	1	.50	
Elderly families	1	.50	
Families with Disabilities	2	100	
Race/ethnicity	w-2	100	
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2005 grants)		
a) Public Housing Operating Fund	59409	
b) Public Housing Capital Fund	36442	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance		
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)	36442	
3. Public Housing Dwelling Rental Income	51600	
4. Other income tenant charges	4110	
Investment income	2500	
Excess utilities	3670	
4. Non-federal sources (list below)		
Total resources	194173	

9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>The Merkel Housing Authority Strategy for the housing needs in the upcoming year are as follows: The Merkel Housing Authority would like to do the best quality job in meeting the needs of people who need assistance in their Housing needs. To make the shortest time possible for those on the waiting list. To Provide quality housing. To reduce turnover time on vacated units, reduce time to renovate, increase Section 8. lease ups.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan. The Merkel Housing Authority goals were to bring the apartments and grounds up for compliance in inspection We meet our goal and have better scoring. We will continue to work on being more accessible and strive to continue to keep compliant. To furnish adequate safe sanitary conditions.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification” n/a</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary					
PHA Name: HOUSING AUTHORITY OF THE CITY OF MERKEL		Grant Type and Number Capital Fund Program Grant No: TX21P15850110 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2010 FFY of Grant Approval:
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements	1000			
4	1410 Administration (may not exceed 10% of line 21)	1450			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	7500			
8	1440 Site Acquisition				
9	1450 Site Improvement	1000			
10	1460 Dwelling Structures	24369			
11	1465.1 Dwelling Equipment—Nonexpendable	600			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	400			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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Part I: Summary

PHA Name: HOUSING AUTHORITY OF CITY OF MERKEL	Grant Type and Number Capital Fund Program Grant No: TX21P15850110 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2010 FFY of Grant Approval:
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Type of Grant

☒ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**

☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	36319			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director	Date	Signature of Public Housing Director	Date
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¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 4/30/2011

Part II: Supporting Pages								
PHA Name: HOUSING AUTHORITY OF THE CITY OF MERKEL		Grant Type and Number Capital Fund Program Grant No: TX21P15850110 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
TX158	MANAGEMENT IMPROVEMENT							
	a) TRAINING	1408		1000				
	ADMINSTATION							
	a) CLERK OF WORKS	1410		1050				
	B) SUNDRY	1410		400				
	FEES AND COSTS							
	a) A & E FEES	1430		5800				
	B) INSPECTION	1430		1200				
	c) SUNDRY	1430		500				
	SITE IMPROVEMENTS							
	SIDEWALKS CURBS	1450		1000				
	DWELLING STRUCTURES							
	CABNETS	1460		24369				
	DWELLING EQUIPMENT							
	a) RANGE	1465.1		300				
	b) REFRIGERATOR	1465.1		300				
	NON DWELLING EQUIPMENT							
	a) MISC. YARD MAINT. EQUIP	1475		400				
	Subtotal of Estimated Cost			36319				

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

PART I: SUMMARY						
PHA Name/Number			Locality (City/County & State)		<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY ____2011____	Work Statement for Year 3 FFY ____2012____	Work Statement for Year 4 FFY ____2013____	Work Statement for Year 5 FFY ____2014____
B	Physical Improvements Subtotal	Annual Statement				
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E	ADMINISTRATION					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		36319	36319	36319	36319

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____	Work Statement for Year _2011_____			Work Statement for Year: _2012_____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
SEE	MANAGEMENT IMPROVE			MANAGEMENT IMPROVE		
	TRAINING		1000	TRAINING		1000
ANNUAL						
Statement	ADMINSTATION			ADMINSTATION		
	a) CLERK OF WORKS		1050	a) CLERK OF WORKS		1050
	B) SUNDRY		400	B) SUNDRY		400
	FEES AND COSTS			FEES AND COSTS		
	a) A & E FEES		5800	a) A & E FEES		5800
	B) INSPECTION		1200	B) INSPECTION		1200
	c) SUNDRY		500	c) SUNDRY		500
	SITE IMPROVEMENT			SITE IMPROVEMENT		
	TREE TRIMMING		2128	TREE TRIMMING		1000
	DWELLING STRUCTURES			DWELLING STRUCTURES		
	DOORS		23241	Bathroom fixturs		23241
	DWELLING EQUIPMENT			DWELLING EQUIPMENT		
	a) RANGE		300	a) RANGE		300
	b) REFRIGERATOR		300	b) REFRIGERATOR		300
	NON DWELLING EQUIPMENT			NON DWELLING EQUIPMENT		
	a) MISC. YARD MAINT. EQUIP		400	a) MISC. YARD MAINT. EQUIP		1528
	Subtotal of Estimated Cost		\$36319	Subtotal of Estimated Cost		\$36319

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____	Work Statement for Year ____2013_____ FFY _____			Work Statement for Year: ____2014_____ FFY _____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
SEE	MANAGEMENT IMPROV			MANAGEMENT IMPROV		
	TRAINING		1000	TRAINING	1000	
ANNUAL						
Statement	ADMINSTATION			ADMINSTATION		
	a) CLERK OF WORKS		1050	a) CLERK OF WORKS	1050	
	B) SUNDRY		400	B) SUNDRY	400	
	FEES AND COSTS			FEES AND COSTS		
	a) A & E FEES		5800	a) A & E FEES	5800	
	B) INSPECTION		1200	B) INSPECTION	1200	
	c) SUNDRY		500	c) SUNDRY	500	
	SITE IMPROVEMENT			SITE IMPROVEMENT		
	PLAY GROUND EQUIP		2128	PAVING /FENCE	10000	
	DWELLING STRUCTURES			DWELLING STRUCTURES		
	FLOORING		23241	LIGHT FIXTURES	5569	
	DWELLING EQUIPMENT			DWELLING EQUIPMENT		
	a) RANGE		300	a) RANGE	400	
	b) REFRIGERATOR		300	b) REFRIGERATOR	400	
	NON DWELLING EQUIPMENT			NON DWELLING EQUIPMENT		
	a) MISC. YARD MAINT. EQUIP		400	a) MAINTENANCE TRUCK	10000	
	Subtotal of Estimated Cost		\$ 36319	Subtotal of Estimated Cost		\$36319

Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
	SEE			
ANNUAL				
Statement				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$